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CONTENTS

1969/70

Department of Anthropology

The role of illness in Central American Indian and Ladino Society.....
.....Susan Letitia Clement

Department of Chemistry

Heats of mixing of aqueous electrolytes temperature dependence.....
.....Danne Elizabeth Smith

1970/71

Department of English

"...While the music lasts": The timeless moment in the modern quest for
unity.....Glenda Ward Beamon

Water color.....Carol Saffioti

Department of Sociology

The effectiveness of secondary schools' guidance services.....
.....Cheryl Elizabeth Mann

390200

THE MOUND OF ALBERT, IN CENTRAL AMERICA
INDIAN AND LATE PRECOLUMBIAN

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THE ROLE OF ILLNESS IN CENTRAL AMERICAN
INDIAN AND LADINO SOCIETY

by

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Table of Contents

Introduction ...	1
Area definition ...	3
Population definition ...	4
Toward the concept of illness ...	5
Two folk illnesses--studies in specifics ...	10
<u>Susto</u> ...	10
<u>Mal de ojo</u> ...	18
El Salvador: Field data ...	23
<u>Susto</u> ...	23
<u>Mal de ojo</u> ...	25
Role analysis ...	27
Wider implications of the concept of illness ...	35
Conclusion ...	38
Notes ...	39
Bibliography ...	40

Introduction

Illness, physical and mental, must be defined and dealt with by every viable socio-cultural system. Related to this cultural task is that of role definition, which is also the duty of every socio-cultural system. In addition to the definition of cultural roles and illness, each system must prove itself flexible by providing means for anomalous individuals or cultural deviants to be integrated or re-integrated into statuses defined according to cultural norms. There are a number of ways in which this might be accomplished effectively. A society can create niches, or culturally defined and sanctioned roles, to be filled permanently by a limited number of such individuals. Also, a socio-cultural system can define illness and provide cures such that individuals are then allowed to temporarily deviate from the established cultural norms, generally continuing all the while to receive a degree of group support, and be assured ultimately of re-integration into the group's normal pattern of role interaction.

Groups inhabiting the various regions of Central America have a tradition rich in elements to define, explain, and deal with illness. Illness is classified according to the cause ascribed to it as either "natural" or "non-natural." The category of "non-natural" illnesses is defined causally in terms of an intangible, magical, and/or emotional phenomenon: aires, evil spirits (recalcitrant saints or devils), and sorcerers or witches. The "will of God" is also a cause of "non-natural" illness. Furthermore, illnesses of this classification involve concepts of the spiritual facets of men: nagual, tonal, and soul.

Those illnesses classified as "natural" stem from empirically recognized physiological realities. By and large, these are everyday infirmities. With any "natural" illness, there is a recognizable relationship between cause and effect and neither in explanation nor in treatment is the non-natural invoked. Associated with the realm of "natural" illness is the widespread notion of "hot" and "cold" categories, and the concomitant emphasis on the necessity for harmony involving these physical categories. Situations classified as accidents from a western vantage point do not belong to the list of "natural" illnesses. Such things are said to result either from the "will of God" or the activities of some evil non-natural force. Hence, accidents, with the implied notion of random causality, do not even exist. Finally, while the dominant theme in considering the "natural" illnesses is the antithesis between "hot" and "cold," there is some recognition, or awareness, of the infectious nature of some diseases.

The focus of this study will be on the function of "non-natural" illness and its cure in the societies and cultures of Central America. Generally speaking, the natural - non-natural dichotomy has been made explicitly by the anthropologist, and implicitly by the members of the cultures involved on the level of causality. However, awareness of the distinction is made indirectly by the members of these cultures through their explicit recognition that some illness can be cured by modern medicine and that other illness must be cured by the traditional curandero, or an individual of comparable status in the society. Some role analysis, as well as integration, will be necessary to illustrate the function of such illnesses in society. Also, a

relatively detailed discussion of two forms of "non-natural" illness will be cited from the literature, and comparisons will be made with the results of a study carried out by this author in El Salvador, Central America. Finally, according to the notion of a regional cultural co-tradition, Central American cultural phenomena will be integrated and treated as a unity, save specific illustrations.

Area definition

Central America includes those countries and the United Kingdom Colony of British Honduras between Mexico and Panama which are on the continent, as opposed to islands in the Caribbean Sea. In addition to British Honduras, the five Central American republics are: Guatemala, El Salvador, Honduras, Nicaragua, and Costa Rica. Some authors include Panama in their discussion of Central America. However, for historical and cultural reasons Panama should be considered a part of the South American tradition, in spite of its geographical separation due to the Panama Canal and Canal Zone.

Central America falls well within the tropics. It lies roughly between 8 and 18 degrees north of the equator and 82 and 92 degrees west of Greenwich. The region is characterized by mountain ranges, volcanoes, hot and wet lowlands, cold uplands and plateaux, and lands indicative of temperate zones. Generally, it might be said that regional variations are due to variances in altitude. There is a common definition of seasonality in terms of rainfall variations, rather than temperature fluctuations. The dry season generally includes the winter months of temperate

North America, while the wet season includes the summer months of that area. While mean temperatures vary among the subregions of Central America, the average temperature of any subregion does not fluctuate more than 10 to 15 degrees seasonally.

The area is flanked on the east by the Caribbean Sea, and on the west by the Pacific Ocean. Mexico and Panama form its norther and southern boundaries, respectively. On the whole, the region forms a unit geographically, historically, and culturally. Boundaries are politically defined and imposed among the republics. Subregional idiosyncrasies of geography are minimal in light of the many features shared by all of them.

Population definition

Demographically, Central America consisted of approximately 14 million persons in 1968 (World Almanac 1970). This figure includes the indigenous Central American population, Europeans, African Negroes, and the various populations resulting from a miscegenation thereof.

This study of folk illness focuses on only segments of the total population of the region, as the concept of illness involved is only relevant to certain groups. Thus, the indigenous Central American population, termed Indian, and those groups of mixed Indian and European ancestry termed Ladino are considered; while the European and Negro populations are not considered. The Indians include chiefly individuals descended from the Mayan groups, although there are enclaves of individuals of other stocks involved, for example Aztecan. These Indian populations are most concentrated in Guatemala, and least so in Costa Rica.

Ladino distribution follows roughly the same pattern, as an Indian population is a prerequisite for its appearance.

One further clarification with regard to the term Ladino. It has been variously used to refer to cultural miscegenation without biological miscegenation, and biological miscegenation without necessarily a cultural mixing. The use of the term Ladino in this paper implies both cultural and biological miscegenation.

Toward the concept of illness

It has already been established that this study focuses on those illnesses termed "non-natural," and the following ramifying discussions will accentuate this point. The source of illness has already been ascribed to several intangible phenomena: aires, evil spirits or recalcitrant saints, and sorcery or witchcraft. The misfortune of illness may be caused, or provoked, by unsatisfactory social relationships, which the occurrence of illness serves to underscore.

Aires, or "bad airs," are conceived of as a ubiquitous, relatively homogeneous type of force, the effects of which depend upon the circumstances under which it enters the human body. Aires represent one of the several forms of illness, which is in the air and enters the body unhindered. Any physical draft or breeze is suspected of carrying "bad airs," resulting in some form of magical sickness for the individuals they enter. Hostile forces lurk everywhere, as evidenced by their transference by currents of air, which are both universal and beyond the control of man. However, while aires may enter the body and result in minor joint or muscle aches and pains, "bad airs" may enter the body only under certain circumstances. Among the physical symptoms denoting the presence of "bad airs" in the body are: diarrhea,

stomach-aches, headaches, fevers, colds, conjunctivitis, nausea, skin infections, and muscle and joint aches and pains. It is a "bad air" which enters the body of an individual whose soul has been stolen by a devil or sprite, or whose soul has been lost by some great fright or psychological trauma, and causes the somatic symptoms of the illness traditionally termed susto.

An extension of the notion of "bad airs," or evil winds, attributes a mentality capable of thought to these phenomena. This quality is expanded into the notion of spirits who wander eternally and universally in search of someone into whose body they can enter. However, the notion of "bad airs" capable of both thought and action by no means represents all concepts of "bad airs." Some maintain that the evil winds lack independent will for self-direction and control or personalities of their own. They are conceived of as incapable of action by themselves. Spirits, witches, devils, or sorcerers send them into man's body. Finally, the notion of "bad airs" forms an element of the concept of the ghosts of deceased persons. It is "bad air" which emanates from a corpse, and which may do harm to anyone who may be in a slightly weakened condition. In some areas the notion of the illness specifically related to contact with the "bad airs" emanating from corpses, hijillo, is extended to include dead meat of any kind. Further, there seems to be no general agreement as to whether or not the "bad airs" associated with death are identical to those associated with other illnesses, as susto, said to result from the entrance of "bad airs" into an individual's body (Adams 1957; Gillin 1951; Guiteras-Holmes 1961; Mak 1959; Reina 1966; Thompson 1930).

Evil spirits, sprites, and ghosts appear in varying forms and roles in relation to illness on a subregional level. However, there is a general theme, defining these phenomena as sources of illness, which prevails throughout the region as a whole. It is the evil spirit who snatches away one's soul in a traumatic situation, leaving the body in a weakened condition and a prime target for illnesses resulting from the entrance of "bad airs." Among some groups there exists a form of animism wherein all objects possess a spirit, which can work evil deeds if provoked by human negligence and disrespect for the traditionally established order of things (Mak 1959:127).

Among Ladino groups there is a belief in sprites, or dwarfs with Spanish traits and speaking only Spanish, who occupy a very ambivalent situation. One may ask such a sprite for special favors, which may or may not be granted. However, if a requested favor is granted there exists the danger that the supplicant or a member of his family will die shortly thereafter. There are other evil spirits, which may be male or female, possessing grotesque embodiments and speaking Spanish. Such non-natural forces apparently cause harm to those who have been caught breaking established social mores or norms (Gillin 1951:106-107).

In addition to these sprites or fairies there are the spirits of bad or recalcitrant saints, or devils, and those of deceased persons, which can be called upon in seance for advice or aid in something. Devils or evil saints are associated with misfortunes and general ill luck. The notion of ghosts, or spirits of deceased persons, represents a mixing of Catholic and traditional indigenous belief systems. The spirits of human beings must be "laid to rest" according to

established norms involving novenas and periodical attention on special occasions throughout the year, for example on All Souls Day in early November. If not properly attended to, ghosts are a source of misfortune and illness for the living members of their families. However, as alluded to above, ghosts can be sources of advice and aid in times of crisis or need if not angry due to insufficient care and respect shown on the part of their families (Adams 1957:369).

Witchcraft and sorcery are further sources of illness and misfortune. Much of the literature does not differentiate between the two conceptually. However, there does seem to be an important distinction to be made. Witchcraft is associated with the notion of involuntary powers, while sorcery involves a consciously and voluntarily used power. It is sorcery upon which this discussion of sources of illness must focus. Sickness by sorcery includes frights and evil winds magically sent, objects sent into the body, and pain and illness sent by sympathetic magic (Wisdom 1952:132). "Bad airs" have been discussed above. The concepts of object intrusion and nagualism must be dealt with now.

For a fee a sorcerer (i.e., termed brujo by some, which is generally translated as witch) can cause different things to materialize inside an individual's body, leading to illness and sometimes death. The sorcerer is petitioned by an individual desiring illness or death on another. He causes such things as: stones, green or roasted chile, needles, small coins, lizards, sheep and dog dung, bones, candle stubs, or even a pot of clay in the womb of a woman to intrude into the

victim's body (Mak 1959:130; Reina 1966:273; Thompson 1930:74). Intruded disease objects may be removed through the actions of a medicine man, or curandero.

Nagualism refers to a belief in human spirits embodied in animal forms. A nagual is perceived by some as an animal into which certain individuals can convert themselves, and in whose form they may become malevolent. Other groups maintain that all individuals have a nagual, whose identity is determined by a vision in a dream, divination by a curandero, or an association made between an individual and an animal which is deemed logical due to the circumstances or qualities involved. One's nagual is conceived of as his counterpart in the non-human world. In this sense one's nagual is analogous to his tonal, as both involve a sympathetic relationship between themselves and the human being. Thus, if an individual's counterpart falls ill, is injured, or dies, the human will exhibit the same illness or injury, or will die. While the two terms are quite confusingly similar in the literature, a distinction can be made.

The nagual may be conceived of as a form of man-transformed-into-animal for the purpose of rendering another ill, but it has nothing to do with its human counterpart contracting sickness. The tonal refers to a companion animal, or destiny, believed to be associated with every individual. Various groups combine these two terms into one concept, conceive of each of these as separate phenomena, or only admit the existence of one or the other of them. Their importance to sorcery and illness causality is clear-cut. A sorcerer can influence a person's dreams by acting through animals.

This indicates that the individual has fallen victim to the sorcerer, and the result is illness (Adams and Rubel 1967; Mak 1959:131; Nash 1959; Reina 1966; Saler 1964; Wisdom 1952).

Consideration must be given to the conceptualization of the spiritual facets of human beings before moving into a discussion of some specific illnesses. There are essentially three components of this question: the nagual, the tonal, and the soul. The first two have been discussed above in relation to their roles in sorcery and illness causality or contraction. The soul is viewed as the shadow or ghost of the individual. It dwells after death in some eternal place, or may be reborn into a new body. The tonal and the soul of an individual are specifically concerned in his becoming ill; while the nagual is related to the individual who imposes illness on another, rather than to the individual who becomes ill (Adams and Rubel 1967).

Two folk illnesses--studies in specifics

Susto

Susto (i.e., variously termed espanto, miedo, pasmo, jani, perdida de la sombra, and desasombro) forms a central part of Central American indigenous folk beliefs concerning illness. From the notion of "classic susto" the concept has been expanded in the literature to include several forms and cures. However, central to all is the notion of a fright. In the classic sense, susto translates more specifically as "soul-loss." This translation would exclude some other forms of folk illness reported as susto wherein soul-loss did not occur.¹ Information concerning susto in El Salvador includes at least three concepts of it. There is: the

concept of susto involving infants, caída de la mollera; the concept of susto involving adults without a loss of the soul; and, the concept of susto involving adults with soul-loss and requiring elaborate ritual to regain the lost soul (Adams 1957:483). Furthermore, there are variations with regard to how one's soul is lost. Among some groups is the belief that one's soul is fastened but lightly to his body. Thus, it may wander while the individual sleeps, as evidenced by dreaming; it may be jarred loose by a sudden fright or traumatic experience; and, it may be stolen or captured by a spirit (Foster 1951). There does seem to be general agreement on the point that once an individual does lose his soul he will become sick, and death will follow if the soul is not regained. At this juncture perhaps it would be most beneficial to discuss the components of the classic form of susto. For structure, the topics of victim, symptoms, cause, diagnosis, cure, and prevention will be dealt with.

Victims of susto may be male or female. The illness does not appear to be more prevalent in either sex. However, there may be variations in prevalence along sex lines which apply only to the particular community in which they appear. With regard to age requirements, the victim is most often an adult, and at least a child who has reached the age at which he is consciously aware of social expectations associated with his role, especially sex-defined role expectations. There is some evidence that espanto, or Komel in Tzotzil groups, is generally a child's illness resulting from the fright of falling on the ground, or into the water, or by the sight of something fearful. The child's soul would

remain at the scene of the fright, where it would be snatched up by some spirit. Symptoms of appetite loss, listlessness, dissatisfaction, memory loss, and low vitality then appear; and, curing rituals must be followed to regain the lost soul and thereby to prevent the death of the victim (Guiteras-Holmes 1961:135-136). Thus, both children and adults are susceptible to susto. Children are especially prone to fright associated with water, in which they may fall into the water or have a possession swept away by a stream. In such a case, it is a water spirit which seizes the soul of the child (Kelly, García Manzanedo, and Gárate de García 1956:66). Susto occurs to individuals of various statuses within any given group. While its absence is not explicitly stated, there is virtually no mention of susto occurring among group leaders of a political or religious nature. One author states generally that those who suffer susto include "Indian and non-Indian, male and female, rich and poor, rural dwellers and urbanites" (Rubel 1964:270).

Symptoms indicating that an individual suffers from susto may be divided along psychological and physical lines. Depression and lethargy result in the individual's inability to meet the normal role expectations and to perform normal duties. Further, the individual's inability to function as a full member of his society is evidenced by a noted introversion, or withdrawal from society, in the form of reduced social interaction with friends and relatives. Restlessness is evidenced during the victim's sleep. Loss of appetite, disinterest in dress and personal hygiene, loss of strength, dislocated pulse (in a position higher than

normal), fever, and muscle and joint aches and pains also indicate that the individual suffers from susto. One account of susto states that the affected cannot speak and appears dead. His body becomes cold, and if he wants to run he is unable to do so (Reina 1966:272).

Causality involves a belief in one or several souls or spirits associated with human beings, and a belief in a spirit world, generally associated with the phenomena of earth, wind, water, plants, and animals. A sudden and unexpected fright precipitates the situation, but it may be one of several types of situations. The individual may be in a particularly stressful interpersonal relationship, or simply the victim of what the western point of view would term embarrassing accidents, for example falling down in public. When an individual suffers a great trauma or fright his soul, and perhaps his tonal, which is only loosely attached to his physical embodiment is jarred loose and snatched up by one of the spirits alluded to above. The soul is generally considered to remain in the area in which it was lost. For this reason, the cure involves a return to the scene of the fright to recapture the lost soul. Without his soul an individual is in a highly weakened state, physically and mentally; and, he becomes a prime target for the entrance of "bad airs."

With regard to precipitating incidences, several examples will serve to demonstrate their variety. One Pokomám Indian woman of poor and undistinguished but respected status in her community suffered susto near the river when she saw her husband foolishly lose her money to a woman of ill repute (Gillin 1948:355). A Tzotzil child suffers susto from the fright of falling on the ground, or into the water, or by the sight of something fearful (Guiteras-Holmes 1961:135). One

Santiago Tuxtla woman recounted how her daughter fell into the river, was severely frightened, and lost her soul to the water spirits who snatched it up (Kelly, García Manzanedo, and Gárate de García 1956:70). In the same area a man and his wife were returning home with a large sum of money from sale of merchandise when they saw two individuals ahead of them and became exceedingly nervous and frightened. Their journey proved safe, but the fright had caused them to lose their souls, as evidenced by such symptoms as loss of appetite and energy. Their cure involved a return to the scene of the fright and a retrieving of their souls being held by the spirits of the area (Kelly, García Manzanedo, and Gárate de García 1956:69). In other cases from the same area a young boy suffered susto after being frightened by a snake; and, a man suffered soul-loss after witnessing a murder. In another case a three-year-old girl was inadvertently left in the family car when her seven siblings and parents got out. She spent several fearful hours alone in the car, and suffered susto evidenced by restless sleep and appetite loss after she was found (Hudson 1951:112-113).

Susto is officially diagnosed through the actions of a curer, curandero. However, home remedies are often used to combat the specific symptoms before those involved recognize the seriousness of the situation and call in a curandero for diagnosis and cure. A major part of the diagnosis is the determination by the curer of the patient's chances for survival. Indeed, soon after pronouncing the nature of the illness as susto, the curer then performs rituals that indicate whether or not the patient will die.

Maize kernels are used in diagnosis and treatment in several regions. The curer determines the gravity of

the illness by dropping twelve grains of corn in a glass of water while saying the name of the patient. For a man black corn is used; for a woman, red. If the person is slightly ill, at least three grains should stand on the bottom of the glass or rise to the surface. If two kernels respond, the condition is not serious. If only one grain rises, or if all remain flat on the bottom of the glass, the patient suffers from a severe case of susto (Kelly, García Manzanedo, and Gárate de García 1956:67).

Another mode of diagnosing susto is pulsing. One account relates the events of the diagnostic session wherein the curer placed the ball of his right thumb, not his fingers, on each pulse in turn for about thirty seconds, looking directly into the eyes of the patient as he did so. After a few moments of contemplative silence, he announced calmly that the trouble was clearly susto (Gilllin 1948:355).

A third diagnostic procedure was reported among the Tzotzil. The curer asked the patient questions concerning his personal life. How had he dreamed lately? Did he have any enemies? Was anyone angry with him? Had he fallen or had any frightening experiences? The patient then proceeded in the manner of a confession to tell the curer of dreams of falling while drunk, dreams of becoming frightened while crossing a river that was deeper than he had at first imagined, and dreams that his companion animal had been hurt while fighting with more powerful animals in the sacred mountain (Holland and Tharp 1964:46).

The curing ceremony for susto varies as much as does the diagnostic ritual. However, there are elements common to all the variations of the region. Essentially, the curing ceremony involves: a paid curer, Christopagan references in prayer and ritual, a cleansing

ritual, some form of shock treatment and medicinal herbs, participation by friends and relatives of the patient, and a return to the site of the soul's loss to retrieve it from the spirits holding it.

The curer converses with the patient to obtain his confidence. This involves a discussion of recent events in the patient's life as well as the curer's verbal and medicinal assurances to the patient that a cure is possible. When he has the patient's confidence he encourages a full recounting of past and current disturbing incidences and relationships for the patient. This may assume the proportions of a story of the patient's whole life. Actually, this "confession" session is more a part of the diagnosis. However, it is essential to an effective cure insofar as the curer must have the confidence of the patient to be effective.

Gilllin relates an account of a curing of susto in great detail. Following the diagnosis of the illness as susto, the patient was responsible for making all the arrangements for a feast she had to give at the curing ceremony, itself to begin within four days. Guests, including a major village secular authority, were invited to the ceremonial, which began late one afternoon at the home of the patient. The curer assumed the role of authority over all involved in the ceremony. After dusk a delegation including the curer went to the village church to pray to the saints, explaining to them the necessity for this cure and pleading for their aid and benign interest. Candles were lit and offered to various saints, and the group returned to the house of the patient after two hours at the church.

Upon their return, a great meal was served to all present, save the patient herself who had prepared the

feast. After the meal the patient was ritually cleansed before an altar in her house through the rubbing of eggs over her body in a stroking motion by the curer. The eggs drew the "bad airs," which had entered the patient's weakened soulless body, out of her body. Then, all the participants except the patient returned to where the patient had lost her soul, dug a hole in the ground where the soul was said to have been hidden by the evil spirits, made offerings to various relevant Christian saints, and returned to the house where the patient awaited them.

A ground altar was then laid out on the tamped earth outside the door of the house. Prayers obviously descended from the Mayan belief system were offered to Jesus Christ, the son and daughter-in-law of the patient prepared magic potions of medicinal herbs under the direction of the curer, and the patient undressed completely save a small cloth just sufficient to cover her genitals. The curer took a mouthful of the magic potion and, without warning, sprayed it out upon the shivering patient. She then drank a cup of the potion and received a body massage until her shivering ceased. The patient then rose, put her clothes on, and went to sleep. The curer, town official, and guests left the house early the next morning, leaving the cured patient to the care of her immediate family (Gillin 1948:355-362).

Other accounts of susto cures emphasize the cleansing role of eggs, the necessity of a second fright to counteract the initial fright, the necessity of returning to the site of the original fright for the lost soul, and the use of the sweatbath to rid the patient of the evil aires which entered his weakened body (Gillin 1951; Hudson 1951; Mak 1959). Gillin's

account is by far the most complete in the literature, as he was in the role of participant-observer in the particular curing ceremony.

Finally, methods of prevention must be given some consideration. No preventive measures for susto have received attention in the literature. However, recognizing that sudden frights and emotional shocks result in susto, it is common for individuals to avoid making loud noises around a sleeping individual. Thus, the individual's soul, which may well be wandering outside of the body, will not be denied access back into its body.

Mal de ojo

Mal de ojo (mal ojo), or evil eye, represents a far more homogeneous, and therefore far simpler, belief complex. It is not indigenous to the New World, but came over with the Spanish conquerors in the sixteenth century. In the Old World the notion of evil eye extends from the Eastern Mediterranean littoral to the Iberian Peninsula. In form, it is essentially identical to the folk illness termed evil eye among New World populations, in spite of the varying cultural context. Following the structure of the discussion of susto, the items to be examined separately are: victims, symptoms, cause, diagnosis, cure, and prevention.

Save for rare exceptions, only infants are susceptible to the illness of mal de ojo. There is an illness which applies to adults and results from the activities of a sorcerer which is also occasionally termed mal de ojo. However, such illness results from an individual's provoking envy in other members of society, and relates more directly to the folk illness termed envidia. For this reason, only small children will be considered as

victims of evil eye. In the non-human realm, however, domestic animals of good quality are particularly susceptible to mal de ojo (Wisdom 1961:373); and, even fruits may be affected (Kelly, García Manzanedo, and Gárate de García 1956:65).

Symptoms of mal de ojo include diarrhea, fever, loss of appetite, general aches and pains, nausea, and convulsions. Further symptoms are that a child cries without obvious reason, is unable to sleep, and is restless. A combination of several of the various symptoms appears without any obvious source, and the mother then suspects mal de ojo and performs the relevant diagnostic ritual to verify or negate her suspicions.

Causality with regard to mal de ojo involves a belief in an individual's ability to have excessive "power" focused in this eyes, and a belief that an individual so rendered powerful can cause harm to a weak individual, as babies are considered to be. This power is referred to as "strong eyes" (i.e., ojos fuertes), and it may be either a permanent or temporary condition of an individual. Hence, an individual may have ojos fuertes in the morning, but not in the afternoon (Gillin 1951:108). Both males and females, adults and children may possess ojos fuertes. The condition is considered to be one willed by God. The individual may have been born with this power, and it will not appear, or be strong enough to do harm, until later in life. While both adults and children are theoretically capable of possessing strong eyes, by far the most cases involve adults.

The possession of ojos fuertes is not necessarily, and most infrequently, an evil person. His burden is the will of God. If an individual realizes his harmful power, he will offer to aid in the curing rituals

immediately after admiring a child. This can end the effects of his powerful vision even before any symptoms of mal de ojo have time to appear. Generally speaking, one cannot predict who will possess ojos fuertes. However, some groups maintain that the child born next after a pair of twins is likely to possess this power (Kelly, García Manzanedo, and Gárate de García 1956:65).

Illness occurs when such a person with strong eyes looks at, in admiration or envy, a small child. For this reason, pretty children are believed to be especially susceptible to mal de ojo. As the symptoms do not necessarily appear immediately, it is not always possible to know who possesses the ojos fuertes. Curing is far simpler if the identity of the harmful individual can be determined, as he can then participate in the curing ceremony.

Diagnosis of mal de ojo begins when the physical symptoms appear and do not respond to general herbal remedies for common maladies. Central to the diagnostic ritual is the use of eggs. Actually, diagnosis is made on the basis of physical symptoms and patient's age, and confirmed by the action of the eggs used in the curing ceremony. Thus, if the broken egg placed under the patient's bed turns white, or forms an "eye," the child had evil eye (Hudson 1951:109).

The curing ritual for mal de ojo varies somewhat subregionally. However, common to all forms of the ceremony are: the use of eggs as cleansing agents, herbal remedies, and preferred participation of the possession of ojos fuertes in the ceremony. Perhaps several short condensations of the curing ritual from varying groups would be the best means of illustrating the central components of the ceremony as well as the local variations.

In one account the cure for mal de ojo consists in passing an unbroken egg over the face and body of the victim, sweeping him, or transferring three mouthfuls of water from the mouth of the person casting the evil eye to the mouth of the victim. Afterwards, the egg is broken into a saucer, and it is placed under the child's bed. A cross is made on the sick child's forehead with some of the egg prior to placing the remainder under the child's bed. If a white membranous film appears over the egg, the person who gave the evil eye is a man. If only an eye appears on the egg, the person who cast the evil eye is a woman. If the person who cast the evil eye is known and available, he will touch the child. Precautions must be taken in disposing of the eggs used in the ritual. They must be thrown out in a shady place or buried. If the sun's rays strike them, the evil eye will attack the victim anew. Also, there are various accounts from this same area in which prayers played a role in the curing ceremony itself (Hudson 1951:107-109).

In another account the mother of the sick child may ask the person thought to be responsible to rub some of his saliva on the baby's eyes and cheeks. Then a hen's egg is wrapped with the leaves of a particular plant (i.e., nuyūjī) and rubbed on the eyes of the baby. The egg is broken into a saucer following this. Seven sharp thorns are pierced into the egg, which represents the eyes of the possessor of ojos fuertes. The egg and thorns are then thrown into the fire. The baby recovers, and the person with harmfully powerful vision may become blind (Mak 1959:133).

Another account reports that anyone can cure mal de ojo. Nonetheless, it is preferable to have the

cooperation of the individual possessing the ojos fuertes in the curing ceremony. For this reason, when the identity of the person responsible for mal de ojo is unknown, dry chili is burned in hopes that his eyes will water and that he will recognize the situation and make his identity known. The curing ritual has the form of a cleansing. Cleansing often consists in stroking the patient with sprays of certain plants (i.e., white rose, red rose, rosemary, red flowers; and, palo de cuchara, incienso verde, albahaca, curduacán, cocuite, leaves of cedro, and the aquatic plants axochi and asosmega) and with an egg. Also, if possible the patient is ritually cleansed with some garment used by the individual responsible for the evil eye.

The unbroken egg is rubbed all over the body. Then the individual enacting the cure makes the sign of the cross over a dish containing a little water and breaks the egg into it. If the patient suffers from mal de ojo, the yolk breaks. Seven chilis chilpayita (piquín) are then placed on top in the form of a cross. If a man has been responsible for the illness, the white of the egg is elongated. If a woman is responsible, two little "wheels," like eyes, appear in the yolk. After the curing ritual, the eggs and plants used in the cure are thrown into the river, so that the child may be "refreshed" (Kelly, García Manzanedo, and Gárate de García 1956:64-66).

A final case of curing mal de ojo requires that someone, preferably the individual responsible for the illness, pass an unbroken egg over the body of the child, usually in the form of a cross. In some instances the person should also make a small cross of the herb rue and hold it with the egg while it is passed over the patient's body. The egg is then broken in a bowl of

cold water and from the appearance of the interior of the egg it is decided whether or not the illness was mal de ojo, and whether or not it was cured. If known, the person responsible should take aguardiente in his mouth and spray it on the child. Also, an herb tea is often prepared and administered to the patient (Adams 1957:365).

Prevention of mal de ojo includes covering the head and eyes of small children in public places where the chance of contact with an individual possessing ojos fuertes is greatly increased. Also, the consequences of evil eye may be avoided if any individual who admires the child either caresses or touches it. Amulets, red in color, and red articles of clothing are worn as preventive measures by infants. The strength of the color red is able to repel the power of the ojos fuertes.

El Salvador: Field data

Susto

Santa Tecla, El Salvador, known as Nuevo San Salvador, was founded in 1854, as a refuge for the residents of San Salvador when the latter was devastated by an earthquake. Today it borders on the rebuilt San Salvador and ranks in size as El Salvador's fifth city (Parker 1964:147), with a population of over 35,000 persons. The illness described as susto in Santa Tecla closely parallels that termed caída de la mollera in the literature. First impressions might define this as a problem of field methods and terminology. However, other accounts of susto in El Salvador support these findings. Adams maintains that the distribution of this illness in El Salvador indicates that either it has never been of great importance in El Salvador or it declines in importance with the advance of European cultural influences.

Three concepts concerning susto are reported for the country: (1) caída de la mollera in infants; (2) caída de la mollera in adults, cured simply by drinking a tea made from the hierba de susto; and (3) soul-loss with an elaborate cure to regain the soul of the victim, who is generally an adult (Adams 1957:483). The first form listed results from the fontanel of the infant falling and choking it. For treatment the sick child is held upside down by the feet to make the fontanel fall back into place. Also, the herb rue may be put on the feet, the child may be massaged and rubbed with oil, and smoke may be blown on the child. Another symptom of the illness may be infant diarrhea; and, causality is attributed to rough handling or neglect of the child on the part of the mother.

The illness referred to as susto in Santa Tecla occurs only in small children, and especially infants up to six months. The presence of the relatively delicate fontanel renders the child susceptible to the illness, while functioning in a diagnostic capacity along with appetite loss to indicate whether or not the child suffers from susto. Causality is attributed to a sudden loud noise or cry which startles and frightens the child, particularly if asleep, or a frightening fall.

The cure may be implemented by one of several methods. One may boil the herb hierba de susto in water and bathe the sick child in the cooled broth. Cigarette or cigar smoke may be used in the cure. An adult inhales the smoke, retaining it in the mouth, and then blows it out on the child's fontanel. The depressed fontanel is then sucked on to lift it up into its normal position. Following this the child is held upside down, and its

feet are patted. Should a child over six months exhibit the symptoms of susto, it is taken to the Catholic Church on a Thursday, where a priest will offer special prayers for the infant's cure.

Mal de ojo

Mal de ojo in Santa Tecla parallels descriptions of the illness from the other Central American areas. It is an illness pertaining only to small children, specifically those up to one year in age. The illness is transmitted by an individual possessing ojos fuertes, who is almost always an adult. There appears to be some evidence that, while ojos fuertes is a trait received from God with which one may be born, it is most dangerous in individuals in middle age (i.e., 40 to 50 years of age). The possession of such in and of itself is by no means a reflection on the moral character or the individual, although some people who are evil also possess ojos fuertes.

If a person with such a power stares at a child, out of admiration or envy, the child will exhibit the physical symptoms of mal de ojo within a day. It is believed that a woman without children, and therefore envious of the woman with a child and simultaneously wishing to kill the child, will be more likely to have ojos fuertes and the ability to render the child ill. Also, particularly pretty babies are more susceptible to the illness merely by virtue of their receiving more glances from strangers.

Symptoms of mal de ojo include fever, diarrhea, intestinal disorders, nausea, scabs on the head, conjunctivitis, and convulsions. With the appearance of any combination of these symptoms, the diagnosis-curing ceremony is performed. Participation by the individual

responsible for the illness is preferable, but not always possible. If one knows of his harmful power, he will ask to touch or hold the child just after he looks at it. This will prevent the symptoms of mal de ojo from appearing at all. Should the child exhibit the symptoms of the illness and the identity of the individual responsible be determined, the child is then wrapped in some garment of that individual and rubbed with the herb ruda chewed by this powerful person to effect a cure. If the identity of the person with the harmful power is indeterminant, a cure may be effected by taking the sick child to anyone else known to possess ojos fuertes. Also, an unbroken egg is used to stroke the body of the patient, including motions in the form of a cross. Then a solution is made by mixing the pulp of a crushed herb, ruda, with oil in which the child is then bathed. Finally, the eggs used to stroke the child are broken into a saucer and placed under the child's bed. The egg turns white if the child suffered from mal de ojo and is now cured.

Prevention involves the covering of small children in public, as well as allowing a person who asks to hold a child to do so when knowledge of harmful power is expressed. If an individual known to possess strong eyes is coming to visit, the herb ruda is placed with the child in its bed. Also, red is deemed the strongest color of the spectrum, and thereby alone is able to protect a child by repelling the evil forces of mal de ojo. Thus, children will be dressed in red garments or have red amulets and bracelets attached to them for protection.

Role analysis

The descriptive data above is intended not to obscure the study's emphasis on role relationships and illness functions, but to illustrate such. Illness and disease are social as well as biological phenomena. On the biological level they consist of adaptations of the organism to environmental influences, on the social level they include meanings, roles, relationships, attitudes, and techniques that enable members of a cultural group to identify various types of illness and disease, to behave appropriately, and to call upon a body of knowledge for coping with the condition defined as an illness. Also, what is recognized as disease or illness is a matter of cultural prescription (Saunders 1954:142).

This section will examine various facets of the roles involved in the folk illnesses cited and their cures. There are essentially four groups of individuals involved: patient, curer, participating friends and relatives, and any political or religious officials present. The whole process of diagnosis and treatment moves along in an atmosphere of informal cooperation and collaboration between patient, family, friends, and the healer. The relationships of those actively participating in the diagnosis and cure are personal and informal.

Central to any discussion of the role of the victim in folk illness is the question of mind-body dualism, which forms one of the core assumptions of western medicine and its treatment of illness. Are these illnesses physical, mental, or psycho-somatic? World views of non-western societies regard illness as a misfortune involving the entire person, with direct consequences on his relationships with the spirit world

and with other members of his group. Illnesses tend to be viewed as symbolic expressions of internal conflicts or of disturbed relationships to others, or both. They are not sharply distinguished as mental or bodily, or as due to natural or non-natural causes. In short, there is not the emphasis on dualism so characteristic of western society and culture. While certain illnesses are recognized as having natural causes, this does not preclude the simultaneous role of non-natural ones. One may receive a broken leg from falling out of a tree, but what evil spirit caused the fall (Frank 1961:38)?

As roles are not isolated phenomena and exist in relation to other roles and criteria, the role of the victim of illness will be examined in relation to age and sex criteria, to the role of the curer, and to the roles of the other members of the family and society. The role choice available to any one individual in the relatively homogeneous societies of this study is severely limited according to criteria of age and sex. There is little, if any, latitude in role-choice, and therefore few anxieties arising from indecision. Male and female roles are clearly defined. Virtually the only socially allowed feminine role is that of wife-mother-housekeeper, and is one that is socially subordinate to the male role. The male role involves concepts of authority and courage, which are reflected in the husband-father-comrade relationships. The traditionally-defined male role subsumes productive field work, caring for the family, and active ceremonial participation. Only when one is effectively playing a traditionally-defined role is he considered well (Holland and Tharp 1964:49).

While indecision may not be an active factor in role-choice, role rejection and role failure are equally devastating to the individual and his relationship with the rest of his society (Paul 1952; Parsons 1964; Parsons and Shils 1951). Thus, individuals who feel that their personal dignity has been threatened by some public embarrassment, males and females who fail to meet their role expectations, and males and females who reject their traditionally-defined roles for one more like that of the opposite sex all feel alienation from the group and must be reintegrated into the group.² Folk illnesses, such as susto, provide the means for reintegrating the individual back into his group on an acceptable level. Mutual rejection on the part of the individual termed ill and his society is ended by intense emotional involvement in the curing ceremony. This involves an investigation into interpersonal relationships to identify the elements of the illness' cause, as well as group participation in cleansing rituals and group feasting. The causal investigation results in a fissioning of the group, and the cleansing rituals and feasting then fuse the emotions of all those involved.

Accounts of curing ceremonies to cure susto involving adult women emphasize that, while the patient has been allowed to deviate from normal role expectations (i.e., to become a "non-person" according to Goffman 1958:95-96), during the curing ritual she must take on the female role responsibilities of preparing an elaborate meal and inviting guests. Thus, an acceptance of the traditionally-defined role on the part of the patient forms a crucial part of the total ceremony; and, social rehabilitation and reintegration occur simultaneously to reunite the individual to her group (O'Neill

and Selby 1968). Social offenses are first defined, publicized, and punished; then, they are cleansed and forgiven. In the case of mal de ojo, participation by the responsible individual in the curing ritual eliminates any possible resultant hostilities and social conflict and insures that the normal order of social interaction can continue without disruption.

The sick person occupies a unique social position. He is freed from daily activities, and he is dependent upon others for his well-being (Gordon 1966:35). Good mental and physical health can only result when man is in harmony with his fellow man and with the deities of his universe. There is no security except through group and non-natural protection. Indeed, well-being implies the individual's participation in a traditionally-defined role and good relations with kinsmen (Holland and Tharp 1964:49). Thus, curing rituals involve an expression of group concern and sympathy for the sick individual, as well as role performance to a limited degree by the patient. The patient is bound emotionally to the participating relatives, friends, and guests.

Finally, the patient's relationship with the curer is of great importance to the outcome of the curing ritual. The essence of the efficacy of what are termed magico-religious healing methods from the western perspective lies in their ability to arouse hope by capitalizing on the patient's dependency on others, specifically on the curer. Expectation of cure and total faith and confidence in the healer are prerequisites for a successful curing ceremony. These derive from: the healer's personal attributes; from his paraphernalia, which gains its power from its culturally-determined symbolic meaning; and from the

healer's ideology, which offers the patient a rationale for making sense of his illness and the treatment procedure, and places the healer in the position of a transmitter or controller of impressive healing forces. Thus, the patient's hope is enhanced by a set of assumptions about illness and healing that he shares with his society and a ritual based on it. The theory cannot be shaken by failures, while every repetition of the ritual validates and reinforces it. Thus, knowledge of previous failures does not necessarily diminish the patient's belief that he will be helped (Frank 1961: 60-63).

The role of the curer varies with the particular type of healer involved. However, common to all the variations of the role of curer is the absolute authority associated with the status. This also functions to give the patient and group confidence in the ceremony. The healer acts in the capacity of a mediator between the patient, his group, and the non-natural world. His authority derives largely from his institutionalized role and the powers attributed to him by the group (Frank 1961:62).

In addition to the curandero cited in the study of susto, folk-medicine personnel include sorcerers, herbalists, specialists in bones and snakebites, and midwives. Sorcerers are distinguished as both able to inflict illness and to cure it. Their powers derive from non-natural sources, specifically devils, and dreams (Guiteras-Holmes 1961; Kelly, García Manzanedo, and Gárate de García 1956). Herbalists and midwives learn their specialties from those who went before them in their respective fields. All of these curers require fees for their services; and, all are generally only part-time occupations for the individuals involved.

The curandero (or curandera) possesses magico-religious curing powers obtained in a vision, in a dream, in an unusual incident in his life, or from older curanderos who perceive him as destined to be a curer. There is an aura of mysticism about the curandero in the curing rituals as a result of his elaborate collection of symbolic ritual paraphernalia and ritual language and behavior, which signify some mystical relationship with the world of the non-natural. He commands the actions of the patient and participating group, and he directs their emotions. Illness and cure are viewed in a magico-religious and social context rather than in a context of empirical medicine and science. Persuasion and suggestion are the curandero's most potent tools.

There is some discussion in the literature to the effect that curanderos, or shamans, are schizophrenics. Implicit in the word schizophrenia is a notion of cultural deviancy, or of mental illness. In the groups wherein curanderos practice, they are not cultural deviants. The society and culture create a niche for individuals exhibiting those traits associated with the schizophrenia of western society. Thus, curanderos fill a culturally sanctioned status in society and perform according to the culturally-defined norms of that status, the role of that status.

Traits listed as indicative of schizophrenia include: (1) an unmistakable change in personality; (2) autism -- nonreality-oriented ideation; (3) disturbances of perception; (4) disturbances of thinking; (5) profound emotional upheavals; and, (6) bizarre forms of behavior (Silverman 1967:22). Such traits are

exhibited in different combinations and intensities by curanderos relative to the type and difficulty of the cure. However, to label curanderos as schizoid, with all its culturally-defined implications, is inaccurate. The primary criteria for mental illness must be defined with reference to the social role-performance of the individual (Parsons 1964:258). These individuals are not ill as long as they are able to fill a status, or opt a role-choice, made available to them by their culture.

Understanding the role of the group of friends and relatives participating in the cure is central to an understanding of the function of the illness and cure in society. Their presence adds to the cure's "sacred" character, its social control function, its subjective influence on society, and its meaning in moral terms (Kiev 1968:176). The group is essential in helping the patient to combat his anxiety and to strengthen his sense of self-worth. The patient becomes the focus of the group's attention and, by implication, worthy of the invocation of non-natural forces on his behalf. His cure indicates divine favor, and permanently elevates his value in his own and the group's eyes.

The group is involved in an interplay with the patient, healer, and the world of the non-natural, which serves to raise the patient's expectancy of cure, help him to harmonize his inner conflicts, reintegrate him with his group and the spirit world, supply a conceptual framework to aid this, and stir him emotionally in order that all might be fused emotionally (Frank 1961:53). Thus the group attempts through its participation in

the curing rituals to re-accept and to reintegrate into society the individual whose role deviancy has threatened the traditionally-established order of society. The group's participation indicates to the patient that he has allies, that others believe in his ability to recover and to accept his proper role in society. The patient is made to feel that his failure to recover would be letting the group down. Also, there is an emphasis on mutual service between the patient and the group. The patient prepares a ritual feast for the guests, and the guests supplicate the non-natural world for a recovery. Thus, the group members, representative of cultural norms and role expectations, encourages the sick person to rejoin society by showing their concern and sympathy for him. The patient is personally drawn back into social relations and nudged into playing a rewarded social role (Gillin 1957).

The role of any political or religious officials in any part of the curing ritual offers the sanction of their statuses of socio-political and socio-religious power to the goal of the ceremony. No religious officials were mentioned as involved in curing ceremonies outside the context of prayers offered for a recovery in the church. The Principal, a political leader of the town was a required participant in the curing ceremony for *susto* in some accounts. Also, it was necessary that the patient personally invite this official to participate in the curing ritual, lending great importance to the ceremony, and, by implication, to the patient himself. During the curing ceremony, such officials are a part of the total group. Thus, their role and function in the ceremony is similar to that of the other members of the group, save for the added

prestige of their respected statuses. Regardless of any status power held by such individuals in the context of the sacred or secular facets of society, during the curing ritual they are subordinated to the authority of the curer.

Wider implications of the concept of illness

The world view, or assumptive world, or a group relates directly to its notions of illness and curing. In a tautological fashion the world view leads to and is reaffirmed by the concept of illness and the curing ritual, which reflect the perceived order of things for the group.

The assumptive world for any group varies from that of any other. However, following the notion of a regional co-tradition, and keeping the discussion on a relatively general level, the world view of the Central American Indian and Ladino groups can be put forth. There are essentially two facets to their perception of the world, which have entwined: (1) the indigenous belief system involving notions of the cosmos, non-natural forces, and man's position in the order of things; and, (2) the belief system associated with Catholicism concerning the cosmos, non-natural forces, and man's position in the order of things.

In terms of the personal-impersonal world view continuum, Central American groups would be placed near the position of a personal world view. Some general traits characterizing this position include: (1) rituals are instrumental as well as expressive; (2) manipulation of signs and symbols in and out of ritual to control natural phenomena; (3) a belief in miracles as capable

of altering any recurrent natural sequences; (4) viewing the phenomena of the universe as products of personal agents (i.e., gods, spirits, ghosts); (5) treating all or parts of nature as if it were sentient; (6) regarding man as the center of the universe; and (7) notions regarding nature that do not correspond to the empirical referents (Honigmann 1959:594).

The world is perceived as a dangerous place for man, full of evil spirits, bad aires, sprites, devils, and ghosts. Man is not merely at the mercy of such evil forces that are believed to be lurking everywhere, but he is subject to the wishes of a whimsical God and a body of benevolent spirits who must not be offended. This is reflected in the many prayers and offerings in the curing rituals to appease angry spirits, or to coax recalcitrant saints or sprites to return the soul in their possession. Catholicism introduced a different god to the indigenous belief system, with all the attendant notions of wrath and benevolence. This new god possesses absolute authority and power over the destiny of man. Hence, an ethos of fatalism is pervasive. God, or one of his saints, must be humbly petitioned for a successful cure. This fatalistic attitude, combined with a sense of resignation, relates significantly to the underlying orientation of the culture and permits a peaceful adjustment to and acceptance of the universe. This attitude occurs in varying degrees among the various groups and subregions in direct proportion to the degree of "Indianness" of the group or subregion. Thus, Ladino populations would be expected to demonstrate a greater eagerness to learn and apply any formula in order to compete aggressively with the forces of the universe (Bunzel 1952; Gillin 1951; Reina 1966).

Concepts regarding illness and cure reflect the social order and structure of a group, and both of these reflect the group's assumptive world, or perception of reality. This relationship suggests a microcosm-macrocosm spectrum or continuum, the realm of medical beliefs representing the smallest unit. The relationship of folk concepts of illness and methods of curing to the larger social structure can be seen in terms of its function in the greater context of society. This includes both an individual and a group level of consideration.

The ultimate function of concepts of illness and cure in society is to restore role interaction to its normal state, and thereby to amintain and reaffirm the traditional social order. Hence, the role analysis in the section above represents a functional analysis of folk illness and curing rituals, both on an individual and a group level. As a general recapitulation of points made in the role analyses, several of the specific functions of sickness and cure in Central American Indian and Ladino communities on a societal level are: (1) increased social cohesion; (2) social control of deviancy; (3) traditional role definition and reaffirmation; (4) re-acceptance and reintegration of temporary role deviants; and (5) explanation and control over forces for which the culture provides no empirical explanation or control. On the individual level personal dignity and sense of worth are restored to the patient by group concern; reassurance to the group that it need not feel threatened is reaffirmed by an acceptance on the part of the patient of his traditionally-defined role; and, the patient's physical and mental symptoms are alleviated. The individual has been able to express

his inability to cope with socio-cultural stresses, and has been permitted a temporary role moratorium with the knowledge that he will not be permanently ostracized by his group, but will be reintegrated through personal curing rituals.

Conclusion

In concluding, folk concepts regarding illness, its source, cause, and cure, function to support and maintain the social system of which they form a most significant part. The importance of this realm of culture lies in the fact that it provides the major means of explaining and handling disruptions to the social order that arise from within the group. It forms a part of a cultural system of checks and balances to alleviate problems resulting from stresses created by culture in its functioning as an adaptive mechanism for human beings.

Notes

1. In a discussion with Dr. Arthur J. Rubel it was suggested that all forms reported as susto or espanto which did not fit the classic description of the illness were incorrectly labelled. However, several authors maintain that susto appears in different forms, determined largely according to the age, sex, and status of the victim. My fieldwork appears to support the latter notion, although the disagreement may well be one more of semantics than anything else.
2. The emotional experiences which most often produce physiological results include fright, anger, desire, imagined rejection, embarrassment or shame, disillusion, and sadness (Foster 1952).

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